

State of Washington Application for a Water Right 1 2002

For Ecology Use
Fee Paid 54

Date 111122

Please follow the attached instructions to avoid unnecessary delays.

| Section | 1. APPLI | CANT: | PERSO | N, ORGA | NIZAI | ION, OR | | YST | DM | |
|---------------------------------|--|--|--|--|---|---|---|------------------------------|--------------------------------------|--------|
| Name Roy | UALN 9 | Julie | e Ke | en | | Home Tel: (| 50954 | 18 - | 6364 | |
| Mailing Add | dress Po | Box = | 552 | | 22.2 | Work Tel: (| 509) 54 | 18- | 1700 | W. 7 |
| City Pes | hAstin |) s | tate <u>WA</u> Z | ip+4 <u>988</u> | 47_+ (| Work Tel: (<u>.</u> 5552FAX: (|) | | | |
| | 2. CONT e as above | | | FO CALI | | 0/1710 | PPLICAI | ion | | |
| Name | | | | | - Long | Home Tel: (|) | | | |
| Mailing Add | dress | | | | | Work Tel: (|) | | | |
| City | | S | tateZ | ip+4 | + _ | FAX: (|) | | | |
| Relationship | to applicant | | | | | | | | | |
| The application of cubic fee of | t per second) Youp don TION OF TH maximum and k if the water | permit to u from a nes fic HE PLACE nual quantit use is prop | se not more surface water water with the constant with the constant was a second to be used to | than, r source or [rigation a See instruction in acre-foot hort-term pro- | ground laving iv ions.) NO per year: | water source (Vigation Seconds TE: A tax para cate the period | check only o rson) . I rel number on | ne) for ATTAC r a plat | the purpose(CH A "LEG number is n | AL" ot |
| If SURFA | CE WATER | | | | If GRO | UNDWATE | 3 | | | |
| lake, etc. i "unnamed | water source If unnamed, I stream," et | write "un c.: | | | A perm | nit is desired | for |) | well(s). | |
| | ows into (na | | v of water). | | Size & | depth of wel | 1(e). | - | | |
| 2 3 2 2 2 1 1 0 | (IIII) | 01 00d | , 01 114101). | | 11 | "DIAMETER | | T na: | P | |
| | | | | | 6 | O THINKIELE C | 32711 | | | |
| LOCATIO |)N | | | | | | | | | |
| Enter the section co | | and east-v | west distanc | es in feet fro | om the p | oint of divers | ion or witho | lrawal | to the neare | est |
| madall (| | | | | | | If location o | f source i | is platted, com | olete |
| 1/4 of | 1/4 of | Section | Township | Range (E/W | 0 | County | | belo | 100 E 100 E | |
| 44: | | | | | | | Lot B | ock | Subdivisio | |
| NW | 55 | 13 | 26 | 21 | D | DUBLAS | - | | | |
| | | | | | | | | | | |
| For Ecology U | Jse Date Re | ceived. | owney II, | 2002 Prior | ty Date: | MUMBEY 1 | 12002 | 000 | 6445 | |
| SEPA: Exemp | Not Exempt | FERC Lic | ense# | | | Dept. Of Heal | th# | | | |
| \ | d As Complete | 01-14-2 | 002 BV | | ate Returne | ed ' | | | WRIA: 4 | 4 |

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

Appl. No.: 64-345 43

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| Sec | ction 5. GENERAL WATER SYSTEM INFORMATION | | |
|--|---|----------------------------|----------------|
| A. | Name of system, if named: JER ORCHANDS PRIVATE WELL | | |
| B. | Briefly describe your proposed water system. (See instructions.) | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| C. | Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. | ☐ YES | ⊒•NO |
| ARREST A T A T A T A T A T A T A T A T A T A | ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORM ompleted for all domestic/public supply uses.) | MATION | |
| A. | Number of "connections" requested: Type of connection Home, I was | | |
| D | (Homes, Apartme | | 10 |
| В. | Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water system County Health Department. | ☐ YES as are identified | ₽NO by your |
| Con | nplete C. and D. only if the proposed water system will have fifteen or n | nore connect | tions. |
| C. | Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved | ☐ YES | □ NO |
| D. | Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved. | ☐ YES d version of your | □ NO |
| Birthomann | ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.) | | |
| A. | Total number of acres to be irrigated: | | |
| B. | List total number of acres for other specified agricultural uses: | | |
| | Use County Acres 1 Use County Library Acres 1/2 | | |
| | Use OKCHARD IRRIGATON Acres 10 | * | |
| C. | Total number of acres to be covered by this application: 11 1/2 | | |
| D. | Family Farm Act (Initiative Measure Number 59, November 3, 1977) | | |
| | Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). | | |
| | Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.: | ☐ YES | □ NO □ NO |
| E. | Farm uses: Stockwater - Total # of animals Animal Type (If dai | ry cattle, see be | low) |
| | Dairy - # Milking # Non-milking | | |

Section 8. WATER STORAGE

| Will | you b | e using | a | dam, | dike, | or | other | structure | to | retain | or store | water? |
|------|-------|---------|---|------|-------|----|-------|-----------|----|--------|----------|--------|
|------|-------|---------|---|------|-------|----|-------|-----------|----|--------|----------|--------|

☐ YES ☑ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. FROM WEND to the PRIVE ACROSS ODABASKAN BRIDGE TAKE LEFT ON HWY 97 DRIVE NORTH APPROX. 25 MILES TO BRAYS ROAD NO. TAKE RIGHT DRIVE APPROX I MILE TO SINGLETON ROAD TAKE LEFT ORIVE I MORE MILE, ORCHARD ON RIGHT SIDE OF SINGLETON ORIVE I MORE MILE, ORCHARD ON RIGHT SIDE OF SINGLETON WITH JAR ORCHARDS SIGN TAKE RIGHT GO TO TOP OF WITH JAR ORCHARDS SIGN TAKE LEFT ON TOP OF DRIVEWAY

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

| re l | III. PROPERTY OWNER | CTITE |
|------|---|-------|
| | ■ 2 MAN 14 (4 M) 14 (M) 4 E) 15 (E) A B 1 A M 1 A M 1 B E | |
| | | |

- A. Does the applicant own the land on which the water will be used?

 If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

TYES NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

Samo

Landowner for place of use (if same as applicant, write "same")

Date

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Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

| Examination fee was not enclosed | | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
|---|-----------------------|--|
| Section number(s)ncomplete | is/are | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: | | |
| Please provide the additional information requested (date). | above and return your | application by |

| Ecology staff | Date | |
|---------------|------|--|

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).